



AF/1645
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) de Groot, et al. Examiner: Graser, J.
Serial No.: 10/049,473 Group Art Unit: 1645
Filed: July 30, 2002 Docket: 294-120 PCT/US
Confirmation No: 4102 Dated: February 11, 2005
For: PNEUMOCOCCAL VACCINES

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Applicants hereby appeal to the Board from the decision of the Primary Examiner,
mailed August 11, 2004, finally rejecting Claims 39-47.

The item(s) checked below are appropriate:

1. STATUS OF APPLICANT

This application is on behalf of

☒ other than a small entity.
☐ small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ Deposited with the United States Postal Service with sufficient
postage as first class mail in an envelope addressed to the
Commissioner for Patents, Alexandria, VA 22313-1450

FACSIMILE

☐ Transmitted by facsimile to the
Patent and Trademark Office

Deanna Bayer
Signature

Date: February 11, 2005

Deanna Bayer

02/15/2005 EAREGAY1 00000012 10049473

01 FC:1401
02 FC:1253

500.00 OP
570.00 OP

2. **FEE FOR FILING NOTICE OF APPEAL**

Pursuant to 37 CFR 1.17(e), the fee for filing the Notice of Appeal is:

<input type="checkbox"/>	small entity	\$250.00
<input checked="" type="checkbox"/>	other than small entity	\$500.00

Notice of Appeal fee due **\$500.00**

3. **EXTENSION OF TERM**

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (A) or (B), as applicable)

- (A) ☒ Applicants petition for an extension of time under 37 CFR 1.136 for the total number of months checked below (fees: 37 CFR 1.17(a)-(d)):

	Extension (months)	Fee for Other than Small Entity	Fee for Small Entity
<input type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input type="checkbox"/>	two months	\$ 450.00	\$ 225.00
<input checked="" type="checkbox"/>	three months	\$ 1,020.00	\$ 510.00
<input type="checkbox"/>	four months	\$1,590.00	\$ 795.00

Fee due for indicated extension **\$1,020.00**

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- (X) An extension for 2 months has already been secured. The fee paid therefor of **\$ 450.00** is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request **\$ 570.00**

- (B) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. **TOTAL FEE DUE**

The total fee due is:

Notice of Appeal fee	\$ <u>500.00</u>
Extension fee (if any)	\$ <u>570.00</u>

TOTAL FEE DUE **\$ 1,070.00**

5. **FEE PAYMENT**

☒ Attached is a check in the sum of \$ 1,070.00

☐ Charge Account No. _____ the sum of \$

A duplicate of this transmittal is attached.

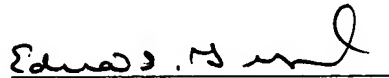
6. **FEE DEFICIENCY**

☒ If any additional extension and/or fee is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

AND/OR

☒ If any additional fee for claims is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

Respectfully submitted,



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Agent for Applicants

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